

COMBINED DECLARATION FOR PATENT  
APPLICATION AND POWER OF ATTORNEY  
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

19603/2595

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS FOR REGULATING ANGIOGENESIS AND VASCULAR INTEGRITY  
USING TRK RECEPTOR LIGANDS**

the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as U.S. Patent Application Serial No. \_\_\_\_\_ on \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

☒ was filed as PCT International Application No. **PCT/US99/25365** on **28 October 1999** and assigned U.S. Serial No. **09/830,520**.

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

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|-------------------------------------|--------------------|--------------------------------------|---|
| U.S.A.                              | 60/119,994         | 12 February 1999                     | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| U.S.A.                              | 60/105,928         | 28 October 1998                      | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|                                     |                    |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO            |

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| PCT<br>APPLICATION NO.                | PCT<br>FILING DATE | U.S. SERIAL NUMBERS<br>ASSIGNED (if any) |                    |         |           |
| PCT/US99/25365                        | 28 October 1999    | 09/830,520                               |                    |         |           |
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Send Correspondence to:

**Michael L. Goldman, Esq.**  
**NIXON PEABODY LLP**  
**Clinton Square, P.O. Box 31051**  
**Rochester, New York 14603**

Direct Telephone Calls to:  
(name and telephone number)  
**Michael L. Goldman**  
**(716) 263-1304**

|     |                         |  |  |  |
|-----|-------------------------|--|--|--|
| 201 | FULL NAME OF INVENTOR   | FAMILY NAME<br><u>HEMPSTEAD</u>                          | FIRST GIVEN NAME<br><u>Barbara</u>                       | SECOND GIVEN NAME<br><u>L.</u>                             |
|     | RESIDENCE & CITIZENSHIP | CITY<br><u>New York</u>                                  | STATE/FOREIGN COUNTRY<br><u>New York</u> <u>NY</u>       | COUNTRY OF CITIZENSHIP<br><u>U.S.A.</u>                    |
|     | POST OFFICE ADDRESS     | P.O. ADDRESS<br><u>525 E. 86 Street, #9C</u>             | CITY<br><u>New York</u>                                  | STATE & ZIP CODE/CTRY<br><u>New York 10028 U.S.A.</u>      |
| 202 | FULL NAME OF INVENTOR   | FAMILY NAME<br><u>KRAEMER</u>                            | FIRST GIVEN NAME<br><u>Rosemary</u>                      | SECOND GIVEN NAME  |
|     | RESIDENCE & CITIZENSHIP | CITY<br><u>Brooklyn</u>                                  | STATE/FOREIGN COUNTRY<br><u>New York</u> <u>NY</u>       | COUNTRY OF CITIZENSHIP<br><u>U.S.A.</u>                    |
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| 203 | FULL NAME OF INVENTOR   | FAMILY NAME<br><u>RAFI</u>                               | FIRST GIVEN NAME<br><u>Shahin</u>                        | SECOND GIVEN NAME  |
|     | RESIDENCE & CITIZENSHIP | CITY<br><u>Great Neck</u>                                | STATE/FOREIGN COUNTRY<br><u>New York</u> <u>NY</u>       | COUNTRY OF CITIZENSHIP<br><u>U.S.A.</u>                    |
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| 204 | FULL NAME OF INVENTOR   | FAMILY NAME<br><u>WIEGN</u>                              | FIRST GIVEN NAME<br><u>Phi</u>                           | SECOND GIVEN NAME  |
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| 205 | FULL NAME OF INVENTOR   | FAMILY NAME<br><u>DONOVAN</u>                            | FIRST GIVEN NAME<br><u>Michael</u>                       | SECOND GIVEN NAME<br><u>J.</u>                             |
|     | RESIDENCE & CITIZENSHIP | CITY<br><u>Brookline</u>                                 | STATE/FOREIGN COUNTRY<br><u>Massachusetts</u> <u>MA.</u> | COUNTRY OF CITIZENSHIP<br><u>U.S.A.</u>                    |
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| 206 | FULL NAME OF INVENTOR   | FAMILY NAME  | FIRST GIVEN NAME   | SECOND GIVEN NAME  |
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon.

|  |  |   |
|--|--|---|
| SIGNATURE OF INVENTOR 201<br><i>Barbara Hengst</i> | SIGNATURE OF INVENTOR 202<br><i>Rosemary Kraemer</i> | SIGNATURE OF INVENTOR 203<br><i>[Signature]</i> |
| DATE <i>6/18/01</i>                                | DATE <i>6/18/01</i>                                  | DATE <i>6.18.2001</i>                           |
| SIGNATURE OF INVENTOR 204                          | SIGNATURE OF INVENTOR 205                            | SIGNATURE OF INVENTOR 206                       |
| DATE   | DATE   | DATE  |

Page 3 of 3

09830520.072001  
T00240" 0250E860

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|                           |   |                           |
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| DATE                      | DATE  | DATE                      |
| SIGNATURE OF INVENTOR 204 | SIGNATURE OF INVENTOR 205<br><i>Michael J. Jones</i><br>8/28/07 | SIGNATURE OF INVENTOR 206 |
| DATE                      | DATE  | DATE                      |

Page 3 of 3

09830520-072004

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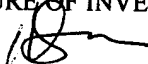
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| 206 | FULL NAME OF INVENTOR   | FAMILY NAME  | FIRST GIVEN NAME                              | SECOND GIVEN NAME  |
|     | RESIDENCE & CITIZENSHIP | CITY   | STATE/FOREIGN COUNTRY                         | COUNTRY OF CITIZENSHIP                                     |
|     | POST OFFICE ADDRESS     | P.O. ADDRESS   | CITY  | STATE & ZIP CODE/CTRY                                      |



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon.

|  |                           |                           |
|--|---------------------------|---------------------------|
| SIGNATURE OF INVENTOR 201  | SIGNATURE OF INVENTOR 202 | SIGNATURE OF INVENTOR 203 |
| DATE   | DATE                      | DATE                      |
| SIGNATURE OF INVENTOR 204<br> | SIGNATURE OF INVENTOR 205 | SIGNATURE OF INVENTOR 206 |
| DATE<br>6/19/01  | DATE                      | DATE                      |

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